



Fraud Plastics Claim Form

Account Number: _____

Card Number: _____

Type of card: _____

Card Possession Status: _____

I make this affidavit for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my credit/debit card to anyone nor give anyone permission to use my card(s), I have no knowledge that my spouse or minor children made any transaction(s) on or after that date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my credit/debit card.

Name	Home Phone	Work Phone
Mailing Address	City	State, Zip
Date Loss Discovered	Date Loss Reported to Credit Union	Date of First Fraudulent Transaction

List of Unauthorized Transactions

Merchant	Date	Amount	Merchant	Date	Amount

Name and Address of Unauthorized User (If Known)	Has this loss been reported to police? YES NO Authority Contacted: _____ Address: _____ Phone: _____
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Signatures

I give my consent to the credit union to release any information regarding my card/and or card account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or persecution of any person(s) who may be responsible for fraud involving my card and/or card account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or imprisonment.

Member Signature: _____

Date: _____

MSC: _____

Payment Solutions Use Only

Date Received: _____ JV Date: _____

Card Captured: _____ Total Amt: _____

Cams: _____ Closed: _____